



# CLAIM FOR PENSION BY SPOUSE OR CHILDREN

**For Prompt Service, All Questions Must be Answered**

				Claim No.	
				Social Security No. of deceased	
Deceased Worker					
Name of deceased worker			Date of birth		Physician treating deceased at time of death
Date of marriage	Date of injury	Date of death	Location of death (work, home, hospital, inc.)		
Autopsy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Cause of death			
Funeral home			Employer when injured		
Address			Address		
City	State	ZIP+4	City	State	ZIP+4

Spouse of Deceased Worker			
Name of spouse		Date of birth	Telephone
Residence address		City	State ZIP+4
Mailing address		City	State ZIP+4
If separated, give date of separation		Cause of separation	
Social Security No. (ID only)	If divorced from deceased, give date of divorce		If remarried since death of worker, give date of remarriage.
Are you a citizen of the U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No		If 'No', in which country do you have citizenship papers?	

Dependent Children or Stepchildren of the Deceased			Guardian		
Name (first, last)	Date of birth	Sex	Name of guardian Social Security No. (ID only)		
			Address		
			City State ZIP		
			Telephone	Date of appointment	Date of birth
<b>Are any of the children between the ages of 18 and 23 in a state institution or enrolled full time in school?</b>  <input type="checkbox"/> Yes <input type="checkbox"/> No If 'Yes', please submit proof			<b>Please attach the following documents that apply.</b> A. Copy of death certificate. B. Spouse must send copy of marriage certificate. C. Guardian must send copy of letters of guardianship or custody order. D. Copy of birth certificate(s) of child(ren). E. Proof of full time enrollment in accredited school if child(ren) between ages 18 and 23. F. Copy of custody papers for stepchildren.		

**Persons making false statements in obtaining Industrial Insurance benefits are subject to civil and/or criminal penalties under the law.**

**I declare under penalty of perjury under the laws of the State of Washington that the foregoing is true and correct.**

Today's date	Signature of Spouse or Guardian <b>X</b>
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